

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016986

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4400

FILED MAY 10 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. LOUIS, MO.**Length of stay in 1b
5 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **ST. LOUIS CITY # 1**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTYc. CITY
OR TOWN **St. Louis**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3959 Folsom Ave.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

LEO

Middle

Elmer

Last

KUYATH4. DATE
OF DEATHMonth
APRILDay
27,Year
19625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10-24-959. AGE (last birthday)
66IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Roofers10b. KIND OF BUSINESS OR INDUSTRY
Manufacturing11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
U. S.

13a. FATHER'S NAME

August Kuyath

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Single15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Bernard H. Kuyath, St. Louis Co. Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Massive Bilateral PneumothoraxINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause, last.

DUE TO (b)

Chronic Obstructive Emphysema

DUE TO (c)

527.1PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)**Pneumonia**PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **4-22-62** to **4-27-62** and last saw her
him alive on **4-27-62**
Death occurred at **9:50** A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mary C. Zimmerman, M.D.

22b. ADDRESS

1515 LAFAYETTE

22c. DATE SIGNED

4-27-6223a. BURIAL, CREMATION
REMOVAL (Specify)**Burial**

23b. DATE

4-30-62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen Mortuary, Ferguson, Mo.

25. DATE RECD. BY LOCAL REG.

APR 29 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D. ✓USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

J. M. White

Licensed Embalmer No. _____

3923

P. O. Address _____

Ferguson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.